# San Diego County Black Infant Health (BIH) – North County Program

**420 N. El Camino Real • Oceanside, CA 92058**

## REFERRAL FORM

**Please fax completed form to Tiffany Brewer at (760) 730-5092**
**OR e-mail to tiffanyb@fhcsd.org**

PERSON BEING REFERRED TO BIH – NORTH COUNTY (PLEASE PRINT CLEARLY)

| | | |
|---|---|---|
| **Last Name:** | **First Name:** | **Nickname/AKA/Maiden:** |
| **Street Address:** | **City:** | **Zip Code:** |
| **Home Phone Number:** | **Cell Phone Number:** | |
| **Email Address:** | **Date of Birth:** _____/_____/_____ | |

**Please check one:**

❒ **Pregnant** **Baby's Due Date:** _____/_____/_____

❒ **Parenting** **Baby's Birth Date:** _____/_____/_____

**Additional Information:**

**By signing below, I agree to be contacted by the San Diego County Black Infant Health – North County Program.**

**Client/Patient Signature:** _____ **Date:** _____

**SOURCE OF REFERRAL TO BIH – NORTH COUNTY**

**Referral Date:** _____/_____/_____

**Name:** _____

**Organization Name:** _____

**Phone Number:** _____ **Fax Number:** _____

**Email Address:** _____

**Thank you for your referral to the BIH – North County program.**
**For more information about BIH – North County program services, please call (760) 730-5078.**

The San Diego County Black Infant Health (BIH) – North County program receives fund from the State of California, Department of Public Health, Maternal, Child, and Adolescent Health Division through the County of San Diego, Health and Human Services Agency and First 5 Commission of San Diego. The San Diego County BIH – North County program is operated in San Diego County by Family Health Centers of San Diego.